

PUBLIC NOTICE
North Dakota Medicaid Program

The Department of Human Services is expecting the following changes to the Medicaid program, to be effective on or after October 1, 2015 in conjunction with the implementation of the North Dakota Health Enterprise Medicaid Management Information System (MMIS):

In accordance with 2013 House Bill 1201, Physician Assistants will be added as a provider type that can be selected by Medicaid enrollees to serve as a **Primary Care Provider (PCP)** and will be paid the \$2 per member per month PCP payment. Rural Health Clinics, Indian Health Services, and Federally Qualified Health Centers are currently able to be selected as a PCP and will receive the \$2 per member per month PCP payment. The estimated cost of this change is \$245,000 for a 12-month period. The payments made to Indian Health Services are eligible for one-hundred percent federal funding.

In-state prospective payment system (PPS) hospitals will be reimbursed using all patient refined diagnosis related groups (APR-DRG) version 31. There is no expected cost impact for this change.

Out of State Lab Services provided in a hospital setting will be paid off of the Medicaid Fee Schedule. Currently, these services are paid cost to charge. The estimated cost of this change is expected to be minimal for a 12-month period.

In-state prospective payment system (PPS) hospitals will be reimbursed for **outpatient hospital services** using ambulatory payment classifications. The estimated cost of this change is expected to be minimal for a 12-month period.

Services performed in an **ambulatory surgical center** will be reimbursed based on the full/half/half payment methodology. The estimated cost of this change is expected to be minimal for a 12-month period.

National Correct Coding Initiative (NCCI) editing will be implemented on outpatient claims. NCCI edits include procedure to procedure (PTP) and medically unlikely edits (MUE). Claims reimbursed based on the HCPCS/CPT code billed will be subject to these edits. The estimated cost of this change for a 12-month period cannot be determined.

Dental coverage pages in the State Plan will be updated to current code and coverage language. There is no expected cost impact for this change.

North Dakota Medicaid will be awarding an **Optometric contract** to begin October 1, 2015. The contractor will be reimbursed as the current contractor is: the lesser of billed charges or the state Medicaid fee schedule. There is no estimated cost impact as a result of this change.

Covered drugs on a professional claim form (CMS-1500) will be reimbursed the lower of the Medicaid fee schedule or the National Drug Code (NDC) price. This change will not impact claims submitted and paid at the Indian Health Services encounter rate. The estimated cost of this change is expected to be minimal for a 12-month period.

Third Party Liability references within the state plan will be updated to coincide with MMIS implementation and will remove mention of ICD-9 codes, which are can no longer be used for dates of service October 1, 2015 and after. There is no estimated cost impact as a result of this change.

Anesthesia – will be reimbursed on a per 15-minute unit, to include a rounding methodology. Example: Every 15 minutes =1 unit; if the time is 1-7 minutes over the 15 minute mark, it will be rounded down, if the time is 8-14 minutes over the 15 minute mark, it will be rounded up. (46 minutes would equal 3 units; 55 minutes would equal 4 units.) There is no expected cost impact for this change for a 12-month period.

The Department is expecting the following changes to the Medicaid State Plan, to be effective on or after January 1, 2016:

Licensed Marriage and Family Therapists will be able to enroll as Medicaid providers and bill for covered services provided to Medicaid recipients. The estimated cost of this change is \$166,000 for a 12-month period.

Community Paramedics will be able to enroll as Medicaid providers and bill for covered services provided to Medicaid recipients. The estimated cost of this change is \$40,000 for a 12-month period.

As a result of 2015 Senate Bill 2320, ND Medicaid will be implementing a Medication Therapy Management (MTM) program. The estimated cost of this change is \$39,000 for a 12-month period.

Effective January 1, 2016, North Dakota Medicaid will be amending the State Plan to provide a three percent inflationary increase for all nursing facility services; exclude certain sales tax revenue received as income that must be offset to cost; and remove the annual limit for allowable education expense. The estimated cost of this change is \$7.6 million for a 12-month period.

Effective January 1, 2016, North Dakota Medicaid will be providing a three percent inflationary increase for all Psychiatric Residential Treatment Facility services. The estimated cost of this change is \$288,000 for a 12-month period.

On or after **October 1, 2015**, the Department plans to submit updates to state plans for Targeted Case Management for the following targeted groups: Individuals with a Serious Mental Illness, Individuals with a Serious Emotional Disturbance, Children in the Child Welfare System (Alternative Care and Children in Protective Services). Fee schedule changes are not anticipated with these updates.

Comments can be sent to and viewed at: Medical Services Division, Room 309, ND Department of Human Services, 600 E Boulevard Ave Dept. 325, Bismarck, ND 58505-0250. Questions may be directed to the local county social service office, or individuals may contact the ND Medicaid Program at 1-800-755-2604.

Date Posted: Sept. 18, 2015